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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/624,244 Filing Date 07/22/2003			To be Mailed		
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY				HER THAN ALL ENTITY	
FOR			NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)	
	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A		N/A		1	N/A		
	SEARCH FEE (37 CFR 1.16(k), (i),	or (m))	N/A		N/A		N/A]	N/A		
	EXAMINATION FE (37 CFR 1.16(o), (p),	E or (q))	N/A		N/A		N/A			N/A		
(37	FAL CLAIMS CFR 1.16(i))		minus 20 =		•		x \$ =		OR	x s =		
IND (37	EPENDENT CLAIM CFR 1.16(h))		minus 3 = *				x \$ =]	x \$ =		
	APPLICATION SIZE (37 CFR 1.16(s))	FEE sheet is \$2 addi	ets of pap 250 (\$125 tional 50	rings exceed 100 tion size fee due by) for each tion thereof. See 87 CFR 1.16(s).								
	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))]			
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL]	TOTAL		
	APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMALL ENTITY OR			OTHER THAN SMALL ENTITY	
AMENDMENT	02/17/2007	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.18())	· 20	Minus	~ 20	= 0]	x \$ =		OR	X \$50=	0	
	Independent (37 CFR 1,16(h))	• 3	Minus	3	= 0]	x \$ =		OR	X \$200=	0	
	Application Size Fee (37 CFR 1.16(s))											
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(j))								OR			
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0	
		(Column 1)		(Column 2)	(Column 3)							
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSL' PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1,16())		Minus		=	1	x \$ =		OR	x s =		
Σ	Independent (37 CFR 1,16(h))		Minus	***	=	1	x \$ =		OR	x s =		
ā	Application Size Fee (37 CFR 1.16(s))]]			
ΑM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR			
Г						•	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
** 16	If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Anther Previously Paid For I'M THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For I'M THIS SPACE is less than 3, enter "20". "If the "Highest Number Previously Paid For I'M THIS SPACE is less than 3, enter "3". Rezenia Harmon The "Highest Number Previously Paid For I'M THIS SPACE is less than 3, enter "3". Rezenia Harmon Rezenia Harmon The "Highest Number Previously Paid For I'M THIS SPACE is less than 10, enter "20".											

The considerance of information is required by 37 CER. 1.16. The information is required to obtain or retain a based by the public which his lost life light by the USFTO to moceously an application. Confidentiality is ownered by 80 Sec. 72 and 37 CER. 1.16. This colded no estimated to take 92 annuals to complete a position form to the USFTO. I mine will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or seggestions for motioning this burdon, about the sent to the CEM information Officer. US. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 2213-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 2213-1450.